

**CHESTNUT LANE**  
**1219 NE Sixth Street**  
**Gresham, OR 97030**  
**APPLICATION FOR EMPLOYMENT**  
**Equal Opportunity Employer**

Each section and question must be fully and accurately answered. No action will be taken on an incomplete application. This application is current only for sixty (60) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application. Chestnut Lane will make reasonable accommodations in the application process if needed.

**GENERAL INFORMATION**

\_\_\_\_\_

Full Name

\_\_\_\_\_

Address (Street)

\_\_\_\_\_

City

State

Zip

Phone # (days) \_\_\_\_\_ Phone # (eves) \_\_\_\_\_

**POSITION AND WORK SCHEDULE**

Position sought: \_\_\_\_\_

Referred by (agency, newspaper, person) \_\_\_\_\_ Date available for work \_\_\_\_\_

Employment Preference: Full \_\_\_ Part \_\_\_ Temp \_\_\_ On Call \_\_\_

Shift Preference: 7am-3:30pm \_\_\_ 3pm-11:30pm \_\_\_ 11pm-7:30am \_\_\_

Will you be able to work: Weekends? \_\_\_ Holidays? \_\_\_\_\_

Have you ever worked for this company before? If yes, when and where? \_\_\_\_\_

Please check if you are: Under 18 \_\_\_ (A work permit is required for employees between the ages of 16 and 18. Those under age 16 are not normally considered for employment.)

**HEALTH INFORMATION**

Are you capable of performing the essential functions of the job or occupation for which you have applied? A description listing the employment requirements is attached.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of abuse or any criminal offense other than a minor traffic violation? If yes, please explain:  
 A prior conviction will not automatically disqualify an applicant from employment. A criminal record check is Required by the State of Oregon as part of the employment process.

**EDUCATION AND SKILLS**

Name of School	Address	Circle Last Year Completed	Degree or Subject
_____	_____	9 10 11 12	_____
_____	_____	1 2 3 4	_____
_____	_____	1 2 3 4	_____
_____	_____	1 2 3 4	_____

**EMPLOYMENT HISTORY**

Starting with your present or most recent employer, list employers, including self-employment, summer part-time.

**Present Employer** \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? Yes \_\_\_ No \_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Ending salary \$ \_\_\_\_\_

Position \_\_\_\_\_ Starting job description \_\_\_\_\_ Ending job description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Past Employer** \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? Yes \_\_\_ No \_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Ending salary \$ \_\_\_\_\_

Position \_\_\_\_\_ Starting job description \_\_\_\_\_ Ending job description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Past Employer** \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? Yes \_\_\_ No \_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Ending salary \$ \_\_\_\_\_

Position \_\_\_\_\_ Starting job description \_\_\_\_\_ Ending job description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Have you ever worked under another name: If yes, please give the name you worked under and company(s) for which you worked:

**PERSONAL REFERENCES**



CHESTNUT LANE ASSISTED LIVING FACILITY is an equal opportunity employer and considers all applicants on the basis of job qualifications without regard to race, color, religion, age, sex, national origin, citizenship, disability, marital status, sexual orientation, veteran or current military status or family composition. Your application will be given every consideration, but our receipt of it does not guarantee that you will be employed. If you have any questions, the interviewer will be happy to help you.

I understand that any job offer that may be extended to me will be dependent upon the successful completion of a criminal history background check.

I certify that all the statements made by me on this application are true, complete, and correct to the best of my knowledge. This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as home address, and information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, financial sources, and custodians of official records. Only job –related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I understand that neither this application nor any written personnel procedure manual or employee handbook is an expressed or implied contract of permanent employment. I further understand that my relationship with CHESTNUT LANE ASSISTED LIVING FACILITY is “at-will” and for an unspecified term and that CHESTNUT LANE ASSISTED LIVING FACILITY and I each have the right to terminate the employment relationship at any time, with or without cause or advance notice.

I hereby acknowledge that I have read and understand the above statement. I have had an opportunity to have my questions about this statement’s content and intent answered and understand its terms.

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Signature of applicant

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Date

**EMPLOYEE INFORMATION RELEASE**

I authorize CHESTNUT LANE to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with CHESTNUT LANE. I hereby release and hold CHESTNUT LANE harmless from any claim for releasing any truthful information within its knowledge and/or records.

\_\_\_\_\_  
Signature of applicant

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Date

I \_\_\_\_\_ agree that, as a condition of employment, I will not make copies or remove information from CHESTNUT LANE ASSISTED LIVING, including forms and/or policies and procedures, without the express written permission of the Management Agent.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**Please Complete in Your Own Handwriting  
Job Applicant Questionnaire**

Name of individual completing questionnaire \_\_\_\_\_

